

CHICOPEE CONTRIBUTORY RETIREMENT SYSTEM

274 Front Street, Chicopee, MA 01013
Tel: (413) 594-1542 Fax: (413) 594-1544

RETIREE'S FEDERAL TAX WITHHOLDING **W4-P TAX FORM**

Name: _____

Address: _____

Social Security Number (last four digits): _____

Please check either box (1,2, or 3) and complete the corresponding information. You may change your federal tax withholding at any time.

1. <input type="checkbox"/>	<p>I <u>DO NOT</u> wish to have federal tax withheld from my monthly pension.</p> <p>I realize that I am liable for payment of federal income tax on the taxable portion of my pension and that I may be subject to pay penalties under the estimated tax payment rules if my payments of estimated tax and withholding are not adequate.</p>
2. <input type="checkbox"/>	<p>The following exemptions are being claimed and I wish to have the Chicopee Contributory Retirement System determine the amount, if any, of federal income tax to be withheld in accordance with the tax tables and exemptions claimed below:</p> <p>Status:</p> <p><input type="checkbox"/> Single or Married Filing Separately</p> <p><input type="checkbox"/> Married Filing Jointly or Qualifying Surviving Spouse</p> <p><input type="checkbox"/> Head of Household</p> <p>Total Claim Dependents: _____</p> <p>Additional Withholding: _____</p>
3. <input type="checkbox"/>	<p>I wish to have a flat amount of \$ _____ to be withheld per month.</p>

Signature: _____ Date: _____